

<b>ADVANCE CHANGE/STUDY NOTICE (ACSN)</b>		<b>1. DATE (YYYYMMDD)</b>	<i>Form Approved OMB No. 0704-0188</i>
<p>The public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0188), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. <b>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM TO THE GOVERNMENT ISSUING CONTRACTING OFFICER FOR THE CONTRACT/PROCURING ACTIVITY NUMBER LISTED IN ITEM 2 OF THIS FORM.</b></p>		<b>2. PROCURING ACTIVITY NUMBER</b>	
		<b>3. DODAAC</b>	
		<b>5. ACSN NUMBER</b>	
<b>4. ORIGINATOR</b>		<b>b. ADDRESS (Street, City, State, Zip Code)</b>	
a. TYPED NAME (First, Middle Initial, Last)			
<b>6. ITEM AFFECTED</b> (Identify contracts, systems, subsystems, and, when possible, contract end items, or components affected by change.)			
<b>7. NEED FOR CHANGE</b> (Explain: (1)how and when need was recognized, e.g., test results, field reports, engineering review meeting; (2) impact of not making change, e.g., safety hazard, mission failure, high maintenance costs, schedule slippage; and (3) how change will improve system, e.g., increase reliability, reduced weight, decreased cost, substantially improve performance.)			
<b>8. DESCRIPTION OF CHANGE/STUDY</b> (Describe hardware modification or study recommended to correct a problem or to capitalize on an improvement opportunity. Rough sketches or diagrams may be attached to amplify this description.)			
<b>9. ALTERNATIVES TO SUGGESTED CHANGE/STUDY</b> (Explain relative desirability of each alternative way to meet need for change, including costs.)			
<b>10. BUDGETARY COST ESTIMATES</b> (Enter rough cost estimates for RDT&E and production. If preferred, ranges of estimates, one of which can be checked by the contractor, may be listed in lieu of a single estimate)			
<b>11. PROGRAM OFFICE</b>			
a. TYPED NAME (First, Middle Initial, Last)		b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
<b>12. CONTRACT ADMINISTRATION OFFICE</b>			
a. TYPED NAME (First, Middle Initial, Last)		b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)
<b>13. CONTRACTOR</b>			
a. TYPED NAME (First, Middle Initial, Last)		b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)